

**DECLARATION FOR PATENT APPLICATION
SOLE OR JOINT**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name..

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention titled:

"Flip Chip Bonded Micro-electromechanical System (MEMS) Device"

the specification of which is attached hereto.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS.

I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO THE EXAMINATION OF THIS APPLICATION IN ACCORDANCE WITH TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications listed below and, INsofar AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE, §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION:

(Application Serial Number)	(Filing Date)	(STATUS: Patented, Pending, Abandoned)
(Application Serial Number)	(Filing Date)	(STATUS: Patented, Pending, Abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected herewith (List name and registration number).

(LIST SENIOR PATENT COUNSEL AND ATTORNEY HANDLING CASE WITH PATENT OFFICE REGISTRATION NUMBERS.)

Timothy Carlson	Loria Yeadon	Robert Desmond	Miriam Jackson
Name	Name	Name	Name
38,095	35,063	38,430	33,911
Registration Number	Registration Number	Registration Number	Registration Number
John Donofrio	Larry Palguta	Charles J. Rupnick	
Name	Name	Name	
32,339	29,575	43,068	
Registration Number	Registration Number	Registration Number	

SEND CORRESPONDENCE TO:

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DECLARATION FOR PATENT APPLICATION—SOLE OR JOINT (Continued)

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Attorney's Docket No: H0005288

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Mark H. Eskridge
INVENTOR'S SIGNATURE Mark H. Eskridge Date 3/12/04
RESIDENCE 17031 – 129th Avenue SE, Renton, King County, Washington, USA
CITIZENSHIP USA
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Renton, WA 98058

FULL NAME OF SECOND JOINT INVENTOR _____
INVENTOR'S SIGNATURE _____ Date _____
RESIDENCE _____
CITIZENSHIP _____
POST OFFICE ADDRESS _____

FULL NAME OF THIRD JOINT INVENTOR _____
INVENTOR'S SIGNATURE _____ Date _____
RESIDENCE _____
CITIZENSHIP _____
POST OFFICE ADDRESS _____

FULL NAME OF FOURTH JOINT INVENTOR _____
INVENTOR'S SIGNATURE _____ Date _____
RESIDENCE _____
CITIZENSHIP _____
POST OFFICE ADDRESS _____

FULL NAME OF FIFTH JOINT INVENTOR _____
INVENTOR'S SIGNATURE _____ Date _____
RESIDENCE _____
CITIZENSHIP _____
POST OFFICE ADDRESS _____
